



May 19th 2019

Secretary Marlene H. Dortch
Federal Communications Commission
Washington, DC 20554

COMMENTS
For the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of:)
Promoting Telehealth for Low-Income Consumers) W. C. Docket No. 18-213
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Dear Secretary Dortch and Members of the Commission:

In an effort to assist the FCC, The Center for the Advancement of mHealth (The Center) offers the following data.

According to the American Medical Association – Nearly one in three rural Americans struggle to cover medical expenses.

US New and World Reports (5/21, Galvin) provides coverage of a new “poll of about 1400 rural adults was conducted by the Harvard T. H. Chan School of Public Health, NPR and the Robert Wood Johnson Foundation” which found that about “1 in 3 rural Americans say that they have struggled to afford healthcare in recent years.” This figure suggests they have struggled to pay for healthcare “even more so than the share who have had trouble paying for food and housing.” In total, “about 4 in 10 rural adults have struggled to afford medical bills, housing or food in recent years,” and about one quarter of rural adults “have skipped health care at some point because they have lacked either financial or physical access to care.” The figures may be influenced by a lack of insurance coverage as well as hospital closures, researchers believe.

Pharmaceutical Cost Study

The approach to the following data was to acquire verified historic prescribing data for “traditional healthcare” delivery methods and then research the effects of prescribing costs with “virtual healthcare or mHealth.”

The following information speaks directly to the benefits mHealth or Telehealth in rural areas has on prescribing practices and costs in primarily low income and rural areas. Please note the following is broken down in to TWO sections: Traditional Care followed by Virtual Care

Section I - Traditional Healthcare Access Data

West Virginia

According to data provided from the State of West Virginia, comprising of 180,000 state residents in the month of December 2017 the following was recorded:

Total prescriptions written: 10,735
Average medication price per visit: \$91.65

This information was provided specific to Urgent Care and Primary Care Physician visits excluding Emergency Department visits.

South Carolina

Average prescription costs per visit to an Emergency Department, Urgent Care or Primary Care Physician - \$171.54*

The disparity in the data, average price in South Carolina of \$171.54 and average price in West Virginia of \$91.65 was contributed by the presence of the Emergency Department visits included in the Urgent Care and PCP visits in South Carolina.

*Prescription and Consult data provided by Blue Choice Commercial and SC Health Insurance Co-op.

Section II

Consults performed through Telehealth

In the month of December 2018 and January of 2019, The Center analyzed linear consult clusters. The data analyzed consisted of the below stated number of continuous consults over a one to two-day period with each test separated by one to two weeks:

Test #1: 101 Teleconsults / Number of unique illnesses 17 / Prescriptions written 103 / Average price of medications \$14.50 per consult

Test #2 111 Teleconsults / Number of unique illnesses 24 / Prescriptions written 121 / Average price of medications \$13.07 per consult

Test #3 114 Teleconsults / Number of unique illnesses 26 / Prescriptions written 130 / Average price of medications \$16.04 per consult

Test #4 127 Teleconsults / Number of unique illnesses 26 / Prescriptions written 127 / Average Price of medications \$12.31 per consult

The summary of the findings concluded that the significant cost difference in the Traditional Care verses the Virtual Care was directly tied to what takes place during an In-person visit. The In-person visit consisted of more clinical conditions treated resulting in more prescriptions written. This is consistent with the term “Evidence Based Medicine” which results in more imaging and testing and subsequently a more robust treatment plan. mHealth or virtual care is treated through “Patient and Symptom Specific Medicine” resulting in one primary acute illness being treated and most likely resolved with just one medication.

For more information, please contact Marian Chambers at 1-724-984-8526 or Michael Iaquina at 1-843-384-9617. Thank you for considering our comments.

Best regards,

Michael P. Iaquina, President
Center for the Advancement of mHealth